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APPLICANTS

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** CONTINUING DATA *****
 This application is a CIP of 10/178,371 06/24/2002 PAT 6,602,257
sk ced

** FOREIGN APPLICATIONS *****
none ced

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Conrad</i> Examiner's Signature Initials	STATE OR COUNTRY CO	SHEETS DRAWING 8	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 8
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TITLE
 Cervical plate

FILING FEE	FEES: Authority has been given in Paper . No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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